

Government Claims Program Materials Request Form

Send completed forms to: Victim Compensation and Government Claims Board

PO Box 3035, Sacramento, CA 95812-3035

Or fax to: 916-323-5768 Attn: Government Claims

ORGANIZATION NAME		DATE
MAILING ADDRESS	REQUESTED BY	
CITY	STATE	ZIP
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	
TITLE	<u> </u>	QUANTITY
GOVERNMENT CLAIMS INFORMATION		
GOVERNMENT CLAIMS GENERAL INFORMATION BROCHURE		
GOVERNMENT CLAIM APPLICATION		
FEE WAIVER REQUEST FORM		
PC 4900 CLAIM FORM (ERRONEOUSLY CONVICTED FELON)		
MISSING CHILDREN REWARD PROGRAM BROCHURE/APPLICATION		
OTHER		
VCGCB ANNUAL REPORT (SPECIFY YEAR OR CURRENT)	